

**2012 FALL MEN'S/COED/WOMEN'S ADULT SLOW-PITCH SOFTBALL**

Team Registration Form

TEAM NAME

Official Use

Class # **3702 - 4** _____

Staff Initials _____ Date _____

Expires at 5:00 p.m. on _____

Day	League Classification		Location
SUNDAY	MEN'S	C	W#1
MONDAY	COED	CD	W#2
TUESDAY	WOMEN'S 11"	D	W#3
WEDNESDAY			W#4
THURSDAY			El Nido
FRIDAY			

Team Name _____
in the 2012 Summer League or 2012 Winter League.

Resident Team

☐75% of roster are Torrance residents - **\$600 (\$525 - Sunday Afternoon)**☐Team sponsored by Torrance business, organization or club - **\$600 (\$525 - Sunday Aft.)**

Sponsor's Name _____

Address _____

Person to Contact _____

Non-Resident Team

☐**\$650 (\$575 - Sunday afternoon)**

MANAGER'S NAME _____

ADDRESS _____

CITY _____

ZIP _____

DAY PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

ASSISTANT MANAGER'S NAME _____

ADDRESS _____

CITY _____

ZIP _____

DAY PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

PAYMENT REMINDER**RETURNING TEAMS MUST HAVE PAYMENT IN BY August 15, 2012.****NEW TEAMS - YOUR PAYMENT IS DUE BY _____.****Credit Card**

I hereby authorize the use of my

☐

Visa

☐

MasterCard

☐

AMEX

☐

Discover

Print name as it appears on card



Credit Card #



Expiration Date



Month _____

Year _____

Signature

**TEAM MANAGER'S MEETING**Wednesday, August 22nd, 2012**7:00 P.M. - ALL TEAMS****Dee Hardison Sports Center**

This meeting is mandatory

Receipt # _____

Date _____



